

# *Michigan Department of Community Health*

*DRAFT HIPAA 5010A1 EDI Companion Guide for  
ANSI ASC X12N 835  
Health Care Claim Payment/Advice*

*Version Date March 7, 2011*

*Effective January 1, 2012*

Michigan Department  
of Community Health



***msa***  
MEDICAL  
SERVICES  
ADMINISTRATION

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## Introduction

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This document is the property of the Michigan Department of Community Health (MDCH). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan's Community Health Automated Medicaid Payment System (CHAMPS).

This document is intended as a companion to the 005010X221 • 835 Health Care Claim Payment/Advice Technical Report 3 (TR3) dated April 2006. This document also includes updates appearing in:

- Errata 005010X221E1 • 835 Health Care Claim Payment/Advice dated January 2009
- Errata 005010X221A1 • 835 Health Care Claim Payment/Advice dated June 2010

The TR3 documents replace the 4010A1 Implementation Guide and related Addenda. The 5010A1 TR3 and related Errata documents can be downloaded from the Washington Publishing Company web site at <http://www.wpc-edi.com/content/view/817/1>.

This document is expected to be used in conjunction with the TR3 and related Errata for the 835 transaction set. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009.

This document provides MDCH-specific instructions regarding certain elements within the TR3 but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDCH rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the TR3 and related Errata that provide options

In order to successfully download HIPAA transactions from the CHAMPS system it is necessary to comply with the information contained in the MDCH Electronic Submission Manual Dated February 2009. Note that revision of the MDCH Electronic Submission Manual is expected during calendar year 2011. The most current version of this manual can be downloaded from the MDCH web site at the following location: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42545\\_42638---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42638---,00.html).

## Transaction Description

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The 835 is used to transmit claim payment and Explanation of Benefits (EOB) remittance advice information.

## Download/Receipt Notes for ANSI ASC X12 835 Health care Claim Payment/Advice

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The Michigan Department of Community Health (MDCH) will use the 835 transaction to send remittance advice information. The 835 Transaction will be available to Medicaid providers on request through their billing agent (also known as service bureau). The 835 will include all finalized claims for a pay cycle. The MDCH will make claim payments via Electronic Funds Transfer (EFT) or warrant (commonly referred to as a voucher or check).

The 835 transaction relies on the HIPAA Claim Adjustment Group Codes, Claim Adjustment Reason Codes, and Remittance Advice Remark Codes to explain why a claim or service payment has been adjusted.

The 835 transaction will “gap fill” in order to meet specific data requirements. In keeping with Medicare, Medicaid will “gap fill” the standard system with meaningless characters to meet the data element minimum requirements in any outgoing X12 transaction if insufficient data are available for a required data element. The 835 must adhere to the data attributes in the TR3, including but not limited to minimum length requirements.

Note: MDCH may exceed the recommended limit of 10,000 CLP (Claim Payment Information) segments per ST-SE envelope.

## Routing of the 835

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The 835 – Health Care Claim Payment/Advice requires that one 835 transaction reflect a single payment device. Payment is made at the Federal Tax ID level (EFTs and consolidated warrants); therefore one corresponding 835 transaction will be transmitted for all providers associated with that Federal Tax ID. The 835 will be transmitted to the billing agent assigned per the Federal Tax ID.

## Additional Information

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The 835 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary. When downloading to ASCII, files will include line feeds. Line feeds will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds.

Please refer to the MDCH Electronic Submission Manual for information regarding:

- Interaction with the MDCH's Data Exchange Gateway (DEG)
- Modes of retrieval (ASCII and binary formats) including Line Feed information

This document uses several text conventions to distinguish MDCH data elements from the TR3 data elements. The following table lists the text conventions used in this document.

Convention used	Explanation
< >	Text included within < > is the "Implementation Name" field from the TR3 document.
" "	Text with " " around a value represents HIPAA TR3 values.
( )	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.

## ANSI ASC X12 Health care Claim Payment/Advice 835 Companion Guide Rules

### 835 - Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			<b>Interchange Control Header</b>	
	<b>ISA</b>		<b>Segment - Interchange Control Header</b>	
	ISA	ISA01	Authorization Information Qualifier	"03" (Additional Data Identification)
	ISA	ISA02	Authorization Information	1-3 Batch Number to identify pay cycle batch number, spaces for 4-10. Position 1-2 indicates Pay Cycle Number.
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	"D00111" left justified followed by spaces.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA08	Interchange Receiver ID	DEG ID, NPI or TAX ID
	ISA	ISA11	Repetition Separator	“^”
	ISA	ISA12	Interchange Control Version Number	"00501" (Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003)
	ISA	ISA14	Acknowledgment Requested	"0" (No Acknowledgement Requested)
	ISA	ISA16	Component Element Separator	<:;>
			Functional Group Header	
	GS		Segment - Functional Group Header	
	GS	GS01	Functional Identifier Code	"HP" (Health Care Claim Payment/Advice (835))
	GS	GS02	Application Sender's Code	"D00111" for MDCH
	GS	GS03	Application Receiver's Code	DEG ID, NPI or TAX ID
	GS	GS08	Version / Release / Industry Identifier Code	"005010X221A1"

## 835 - Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			<b>Transaction Set Header</b>	
	<b>BPR</b>		<b>Segment - Financial Information</b>	
	BPR	BPR01	Transaction Handling Code	"I" (Remittance Information Only) "H" (Notification Only)
	BPR	BPR03	Credit/Debit Flag Code	"C" (Credit)
	BPR	BPR04	Payment Method Code	"ACH" (Automated Clearing House (ACH)) - EFT payment  "CHK" (Check) Payment made via voucher. This value will also be used when there is no match on the warrant file for a particular payee.  "NON" (Non-Payment Data) -Total amount paid is \$0.
	BPR	BPR05	Payment Format Code	Included when payment is by EFT
	BPR	BPR06	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier>  "01" (ABA Transmit Routing Number) included when payment is by EFT



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BPR	BPR07	(DFI) Identification Number	<Sender DFI Identifier> MDCH Financial Institution ID is included when payment is by EFT.
	BPR	BPR08	Account Number Qualifier	"DA" (Demand Deposit) Included when payment is by EFT
	BPR	BPR09	Account Number	<Sender Bank Account Number> Included when payment is by EFT.
	BPR	BPR10	Originating Company Identifier	<Payer Identifier> MDCH Federal Tax ID Number preceded by 1 included when payment is by EFT
	BPR	BPR12	(DFI) ID Number Qualifier	<Depository Financial Institution (DFI) Identification Number Qualifier> "01" (ABA Transmit Routing Number) included when payment is by EFT
	BPR	BPR13	(DFI) Identification Number	<Receiver or Provider Bank ID Number> Included when payment is EFT
	BPR	BPR14	Account Number Qualifier	"DA" (Demand Deposit) "SG" (Savings) Included when payment is by EFT
	BPR	BPR15	Account Number	<Receiver or Provider Account Number> Included when payment is by EFT

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BPR	BPR16	Date	<p>&lt;Check Issue or EFT Effective Date&gt;</p> <p>MDCH Pay Date: When the &lt;payment format code&gt; is "ACH" (Automated Clearing House (ACH)) or "CHK" (Check), the pay date is used.</p> <p>When the payment format code is "NON" (Non-Payment Data), 835 generation will be used.</p>
	<b>TRN</b>		<b>Segment - Reassociation Trace Number</b>	
	TRN	TRN01	Trace Type Code	"1" (Current Transaction Trace Numbers)
	TRN	TRN02	Reference Identification	<p>&lt;Check or EFT Trace Number&gt;</p> <p>When there is no match on the warrant file for a particular payee, this value will be &lt;999999999&gt;.</p>
	TRN	TRN03	Originating Company Identifier	<p>&lt;Payer Identifier&gt;</p> <p>MDCH Federal Tax ID preceded by 1.</p>
	<b>REF</b>		<b>Segment - Receiver Identification</b>	
	REF	REF01	Reference Identification Qualifier	"EV" (Receiver Identification Number)
	REF	REF02	Reference Identification	<p>&lt;Receiver Identifier&gt;</p> <p>DEG ID, NPI or TAX ID</p>
	<b>DTM</b>		<b>Segment - Production Date</b>	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	DTM	DTM01	Date/Time Qualifier	"405" (Production)
	DTM	DTM02	Date	<Production Date> MDCH Pay Cycle Date in CCYYMMDD format.
<b>1000A</b>			<b>Loop - Payer Identification</b>	
<b>1000A</b>	<b>N1</b>		<b>Segment - Payer Identification</b>	
1000A	N1	N101	Entity Identifier Code	"PR" (Payer)
1000A	N1	N102	Name	<Payer Name> "Michigan Department of Community Health"
1000A	N1	N103	Identification Code Qualifier	"XV" (Centers for Medicare and Medicaid Services PlanID)
1000A	N1	N104	Identification Code	<Payer Identifier> "D00111" for MDCH
<b>1000B</b>			<b>Loop - Payee Identification</b>	
<b>1000B</b>	<b>N1</b>		<b>Segment - Payee Identification</b>	
1000B	N1	N101	Entity Identifier Code	"PE" (Payee)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000B	N1	N102	Name	<Payee Name> This is the name of the payee. When the name of the payee is not known, this element will be populated with "UNKNOWN".
1000B	N1	N103	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)  "FI" (Federal Taxpayer's Identification Number)
1000B	N1	N104	Identification Code	<Payee Identification Code> National Provider Identifier or Federal Taxpayer's Identification Number.
<b>2000</b>			<b>Loop - Header Number</b>	
<b>2000</b>	<b>TS3</b>		<b>Segment - Provider Summary Information</b>	
2000	TS3	TS301	Reference Identification	<Provider Identifier> National Provider Identifier (NPI)
2000	TS3	TS302	Facility Code Value	<Facility Type Code> This code identifies the type of facility where the services were performed. This element will be populated with "AA" in cases where the code is absent.
<b>2100</b>			<b>Loop - Claim Payment Information</b>	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
<b>2100</b>	<b>CLP</b>		<b>Segment - Claim Payment Information</b>	
2100	CLP	CLP06	Claim Filing Indicator Code	"MC" (Medicaid)
2100	CLP	CLP07	Reference Identification	<Payer Claim Control Number> 18-digit CHAMPS TCN
<b>2100</b>	<b>NM1</b>		<b>Segment - Patient Name</b>	
2100	NM1	NM101	Entity Identifier Code	"QC" (Patient)
2100	NM1	NM103	Name Last or Organization Name	<Patient Last Name> MDCH Beneficiary Last Name. When a name is not available, "UNKNOWN" will be populated in this field.
2100	NM1	NM104	Name First	<Patient First Name> MDCH Beneficiary First Name. When a name is not available, "UNKNOWN" will be populated in this field.
2100	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100	NM1	NM109	Identification Code	<Patient Identifier> 10 digit beneficiary ID number assigned by MDCH.
<b>2100</b>	<b>NM1</b>		<b>Segment - Corrected Patient/Insured Name</b>	
2100	NM1	NM101	Entity Identifier Code	"74" (Corrected Insured)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100	NM1	NM103	Name Last or Organization Name	<Corrected Patient or Insured Last Name> If beneficiary last name is incorrect on a submitted claim which is Paid corrected beneficiary last name will be sent.
<b>2100</b>	<b>NM1</b>		<b>Segment - Service Provider Name</b>	
2100	NM1	NM101	Entity Identifier Code	"82" (Rendering Provider)
2100	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier) for Providers with NPIs
2100	NM1	NM109	Identification Code	<Rendering Provider Identifier> National Provider Identifier (NPI)
<b>2100</b>	<b>REF</b>		<b>Segment - Other Claim Related Identification</b>	
2100	REF	REF01	Reference Identification Qualifier	"G1" (Prior Authorization Number) "EA" (Medical Record Identification Number) "F8" (Original Reference Number)
2100	REF	REF02	Reference Identification	<Other Claim Related Identifier> Prior Authorization Number and/or Medical Record Number and/or Original 18-digit CHAMPS TCN (15-digit legacy CRN) of the previously adjudicated claim will be returned if submitted on the claim.
<b>2100</b>	<b>DTM</b>		<b>Segment - Statement From or To Date</b>	
2100	DTM	DTM01	Date/Time Qualifier	"232" (Claim Statement Period Start) "233" (Claim Statement Period End)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100	DTM	DTM02	Date	<Claim Date> "11111111" will be used for those claims without a start date.
<b>2110</b>			<b>Loop - Service Payment Information</b>	<b>MDCH adjudicates inpatient hospital claims by DRG. When such a claim is payable, Loop 2110 will not appear.</b>
<b>2110</b>	<b>REF</b>		<b>Segment - Service Identification</b>	
2110	REF	REF01	Reference Identification Qualifier	"G1" (Prior Authorization Number) "APC" (Ambulatory Payment Classification)
2110	REF	REF02	Reference Identification	<Provider Identifier> Prior Authorization Number and/or Ambulatory Payment Classification number will be returned if submitted on the claim.
<b>2110</b>	<b>REF</b>		<b>Segment - Line Item Control Number</b>	
2110	REF	REF01	Reference Identification Qualifier	"6R" (Provider Control Number)
2110	REF	REF02	Reference Identification	<Line Item Control Number> Line item control number will be returned if submitted on the claim.
<b>2110</b>	<b>REF</b>		<b>Segment - Rendering Provider Information</b>	
2110	REF	REF01	Reference Identification Qualifier	"HPI" (Center for Medicare and Medicaid Services National Provider Identifier)
2110	REF	REF02	Reference Identification	<Rendering Provider Identifier> National Provider Identifier (NPI)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110	LQ		Segment - Health Care Remark Codes	MCDH will create one LQ segment for each adjustment remark code entry for a Claim.  This segment may repeat up to 99 times.
2110	LQ	LQ01	Code List Qualifier Code	"HE" (Claim Payment Remark Codes)
2110	LQ	LQ02	Industry Code	<Remark Code> Remark codes for a claim.
2110	PLB		Segment - Provider Adjustment	
2110	PLB	PLB01	Reference Identification	<Provider Identifier> National Provider Identifier (NPI)
2110	PLB	PLB03-2	Reference Identification	<Provider Adjustment Identifier> Gross Adjustment Code Description - This is the description of MDCH Gross adjustment code.  Refer to the list of code descriptions given in Appendix A: Gross Adjustment Code Description



## Supplementary Information

### Appendix A: Gross Adjustment Code Description

GARP Code	Description	Status	Start Date	End Date	Effective Date
C10	Adjustment for Patient Pay	Active	01/01/1990	12/31/2999	12/18/2008
C20	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
H01	DSH Payment - ICA - Wayne County	Active	01/01/1990	12/31/2999	12/18/2008
H02	DSH Payment - Regular	Active	01/01/1990	12/31/2999	12/18/2008
H03	DSH - QAAP Funded Hospital DSH Pool	Active	01/01/1990	12/31/2999	12/18/2008
H04	DSH Primary Care	Active	01/01/1990	12/31/2999	12/18/2008
H05	DSH Payment - ICA - Outstate Counties	Active	01/01/1990	12/31/2999	12/18/2008
H06	SAP DSH-Hutzel/WSU Match	Active	01/01/1990	12/31/2999	12/18/2008
H07	SAP DSH Psychiatric Public Hospital	Active	01/01/1990	12/31/2999	12/18/2008
H08	SAP DSH-Bronson Hosp/MSU Match	Active	01/01/1990	12/31/2999	12/18/2008
H09	SAP DSH UD Dent/WSU Match	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
H10	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
H11	Executive Order Reductions - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
H12	Executive Order Reductions - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
H13	Miscellaneous	Active	01/01/1990	12/31/2999	12/18/2008
H14	Legacy MMIS/CHAMPS Conversion Errors	Active	04/27/2010	12/31/2999	04/27/2010
H15	SPH Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
H16	SPH Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H17	SPH Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H18	SPH Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H19	SPH Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H22	Old Invoices	Active	01/01/1990	12/31/2999	12/18/2008
H24	Out of State Provider	Active	01/01/1990	12/31/2999	12/18/2008
H25	Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
H26	Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
H27	Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H28	Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H29	Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H30	Settlement Repayment	Active	01/01/1990	12/31/2999	12/18/2008
H31	Transfer	Active	01/01/1990	12/31/2999	12/18/2008
H32	UPL Adj - State Govt Owned or Operated	Active	10/14/2009	12/31/2999	10/14/2009
H33	UPL Adj - Non-State Govt Owned or Operated	Active	01/01/1990	12/31/2999	12/18/2008
H34	UPL Adj - Private	Active	10/14/2009	12/31/2999	10/14/2009
H35	FPC Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
H36	FPC Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H37	FPC Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H38	FPC Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H39	FPC Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H41	HMO Performance Bonus Pools	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
H43	HMO Miscellaneous	Active	01/01/1990	12/31/2999	12/18/2008
H44	County Health Plans	Active	01/01/1990	12/31/2999	12/18/2008
H45	FQHC Interim Payment - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H46	FQHC Settlement - Initial - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H47	FQHC Settlement - Initial Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H48	FQHC Settlement - Final - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H49	FQHC Settlement - Final Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H51	Outpatient Education	Active	01/01/1990	12/31/2999	12/18/2008
H52	Outpatient Hospital Adjustor	Active	01/01/1990	12/31/2999	12/18/2008
H55	RHC Interim Payment - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H56	RHC Settlement - Initial - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H57	RHC Settlement - Initial Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H58	RHC Settlement - Final - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H59	RHC Settlement - Final Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
H60	RHC Interim Payment - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H61	RHC Settlement - Initial - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H62	RHC Settlement - Initial Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H63	RHC Settlement - Final - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H64	RHC Settlement - Final Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H65	THC Interim Payment - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H66	THC Settlement - Initial - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H67	THC Settlement - Initial Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H68	THC Settlement - Final - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H69	THC Settlement - Final Revised - Medical	Active	01/01/1990	12/31/2999	12/18/2008
H70	THC Interim Payment - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H71	THC Settlement - Initial - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H72	THC Settlement - Initial Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H73	THC Settlement - Final - Dental	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
H74	THC Settlement - Final Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H75	LHD Dental Clinic Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
H76	LHD Dental Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H77	LHD Dental Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H78	LHD Dental Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H79	LHD Dental Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
H81	MIP Reconciliation - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
H82	MIP Reconciliation - Revised - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
H83	MIP Reconciliation - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
H84	MIP Reconciliation - Revised - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
H85	LHD Interim Payment - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H86	LHD Settlement - Initial - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H87	LHD Settlement - Initial Revised - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H88	LHD Settlement - Final - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
H89	LHD Settlement - Final Revised - Medical (Maternal & Child Hlth)	Active	01/01/1990	12/31/2999	12/18/2008
H90	FQHC Interim Payment - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H91	FQHC Settlement - Initial - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H92	FQHC Settlement - Initial Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H93	FQHC Settlement - Final - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H94	FQHC Settlement - Final Revised - Dental	Active	01/01/1990	12/31/2999	12/18/2008
H95	SBS Interim Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
H96	SBS Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
H97	SBS Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
H98	SBS Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
H99	SBS Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
HA1	Special Foundation Pmts LHD	Active	01/01/1990	12/31/2999	09/14/2009
HA2	Special Foundation Pmts FQHC	Active	01/01/1990	12/31/2999	09/14/2009
HC1	CIP - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
HC2	CIP - Rehab	Active	01/01/1990	12/31/2999	12/18/2008
HC3	CIP - State Building Authority	Active	01/01/1990	12/31/2999	09/14/2009
HG1	GME - Primary Care Pool - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HG2	GME - Dental and Podiatrist - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HG3	GME - Historical Pool - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HG4	GME - Psychiatric (GME Innovations Pool)	Active	01/01/1990	12/31/2999	12/18/2008
HG5	GME - Primary Care Pool - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
HG6	GME - Dental and Podiatrist - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
HG7	GME - Historical Pool - Rehab	Active	11/23/2009	12/31/2999	11/23/2009
HG8	Hospital Div GME Psychiatric 50% gross up (Innovations Pool - fed share only)	Active	03/31/2010	12/31/2999	03/31/2010
HM1	MACI - Non-State Govt Owned or Operated	Active	10/14/2009	12/31/2999	12/18/2008
HM2	MACI - Private - Med/Surg	Active	10/14/2009	12/31/2999	10/14/2009
HM3	MACI - State Govt Owned or Operated - Med/Surg	Active	10/14/2009	12/31/2999	10/14/2009
HM4	MACI - Non-State Owned or Operated - Rehab	Active	11/24/2009	12/31/2999	11/24/2009



GARP Code	Description	Status	Start Date	End Date	Effective Date
HM5	MACI - Private - Rehab	Active	11/24/2009	12/31/2999	11/24/2009
HM6	MACI - State Govt Owned or Operated - Rehab	Active	11/24/2009	12/31/2999	11/24/2009
HP1	MIP - Med/Surg	Active	01/01/1990	12/31/2999	12/18/2008
HP2	MIP - Rehab	Active	01/01/1990	12/31/2999	12/18/2008
HS1	SAP DSH WSU PSY Res/WSU Match	Active	01/01/1990	12/31/2999	12/18/2008
HS2	DSH - future use	InActive	01/01/1990	12/31/2999	12/18/2008
HS3	Certified Public Expenditures - Not for Financials	Active	01/01/1990	12/31/2999	11/23/2009
HS4	DSH - State Psych DSH (Not for Financials Only) for recording pmt in card file	Active	01/01/1990	12/31/2999	12/18/2008
HS5	DSH - future use	Active	01/01/1990	12/31/2999	12/18/2008
HS6	DSH - future use	Active	01/01/1990	12/31/2999	12/18/2008
HS7	DSH - future use	Active	01/01/1990	12/31/2999	12/18/2008
HS8	DSH - future use	Active	01/01/1990	12/31/2999	12/18/2008
HS9	Public Hosp. Retention-GF (SEC.1742)	Active	01/01/1990	12/31/2999	12/18/2008
HZZ	MQ-774 MMIS to CHAMPS Conversion (interface)	Active	01/01/1990	01/01/1990	05/04/2009

GARP Code	Description	Status	Start Date	End Date	Effective Date
I10	Appeal Decision	Active	01/01/1990	12/31/2999	12/18/2008
I20	Claims Processing Error	Active	01/01/1990	12/31/2999	12/18/2008
I30	Duplicate payment/take back	Active	01/01/1990	12/31/2999	12/18/2008
I40	Eligibility Change/Purge	Active	01/01/1990	12/31/2999	12/18/2008
I50	Multiple Eligibility	Active	01/01/1990	12/31/2999	12/18/2008
I60	Old date of service	Active	01/01/1990	12/31/2999	12/18/2008
I70	Special Request	Active	01/01/1990	12/31/2999	12/18/2008
I80	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
I90	LHD Dental Adjustor	Active	12/03/2009	12/31/2999	12/03/2009
I95	Specialty Needs Access Program (Adjustor Pmt)	Active	05/18/2010	12/31/2999	05/18/2010
L01	LTC Settlement Rate Gross Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
L02	LTC Initial FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L03	LTC Revised Initial FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L04	LTC Final FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
L05	LTC Revised Final FYE Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L06	LTC Appeal Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L07	LTC Revised Appeal Settlement	Active	01/01/1990	12/31/2999	12/18/2008
L09	LTC Settlement Repayment	Active	01/01/1990	12/31/2999	12/18/2008
L11	LTC Medicaid Interim Payment	Active	01/01/1990	12/31/2999	12/18/2008
L12	LTC Interim MIP Payment	Active	01/01/1990	12/31/2999	12/18/2008
L13	LTC Special MIP Payment	Active	01/01/1990	12/31/2999	12/18/2008
L14	LTC Interim MIP Reconciliation	Active	01/01/1990	12/31/2999	12/18/2008
L15	LTC Annual MIP Reconciliation	Active	01/01/1990	12/31/2999	12/18/2008
L16	LTC Revised Annual MIP Reconciliation	Active	01/01/1990	12/31/2999	12/18/2008
L17	LTC MIP Warrant Stop	Active	01/01/1990	12/31/2999	12/18/2008
L18	LTC MIP Repayment	Active	01/01/1990	12/31/2999	12/18/2008
L19	LTC MIP Emergency Payment	Active	01/01/1990	12/31/2999	12/18/2008
L21	LTC Non-State Govt Owned or Operated QAS Payment	Active	01/01/1990	12/31/2999	10/14/2009

GARP Code	Description	Status	Start Date	End Date	Effective Date
L22	LTC Non-State Govt Owned or Operated QAS Interim Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L23	LTC Non-State Govt Owned or Operated QAS Revised Interim Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L24	LTC Non-State Govt Owned or Operated QAS Annual Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L25	LTC Non-State Govt Owned or Operated QAS Revised Annual Reconciliation	Active	01/01/1990	12/31/2999	10/14/2009
L26	LTC Non-State Govt Owned or Operated QAS Repayment	Active	01/01/1990	12/31/2999	12/18/2008
L31	Denial of Payment for New Admission	Active	01/01/1990	12/31/2999	12/18/2008
L33	Civil Monetary Penalty	Active	01/01/1990	12/31/2999	12/18/2008
L35	Hospital Leave Day Recovery	Active	01/01/1990	12/31/2999	12/18/2008
L37	PSARR Recovery	Active	01/01/1990	12/31/2999	12/18/2008
L38	Post Payment Review of LOC	Active	01/28/2010	12/31/2999	01/28/2010
L39	Deceased Recipient Recovery	Active	01/01/1990	12/31/2999	12/18/2008
L41	Non Submission of Cost Report	Active	01/01/1990	12/31/2999	12/18/2008
L43	Submission of Cost Report Repayment	Active	01/01/1990	12/31/2999	12/18/2008
L45	Recovery for Medicaid Services in Non Certified Beds	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
L49	Proportional Share Pool Payment	Active	01/01/1990	12/31/2999	12/18/2008
L51	Miscellaneous Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
L53	Advance (Note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
L61	Interim Gross Adjustment	Active	01/01/1990	12/31/2999	12/18/2008
L62	Manual Approved Claims	Active	01/01/1990	12/31/2999	12/18/2008
L63	Temporary Manager Fee	Active	01/01/1990	12/31/2999	12/18/2008
L64	Out of State Provider	Active	01/01/1990	12/31/2999	12/18/2008
L65	Non MIP Emergency Payment	Active	01/01/1990	12/31/2999	12/18/2008
L66	LTC Non MIP Warrant Stop	Active	01/01/1990	12/31/2999	12/18/2008
L67	Returned Warrant	Active	01/01/1990	12/31/2999	12/18/2008
L68	Cash Warrant	Active	01/01/1990	12/31/2999	12/18/2008
L69	Debt Paid in Full by Check	Active	01/01/1990	12/31/2999	12/18/2008
L70	Balance Adjustments	Active	01/01/1990	12/31/2999	12/18/2008
L81	LTC Private QAS Payment	Active	10/14/2009	12/31/2999	10/14/2009

GARP Code	Description	Status	Start Date	End Date	Effective Date
L82	LTC Private QAS Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L83	LTC Private QAS Revised Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L84	LTC Private QAS Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L85	LTC Private QAS Revised Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L86	LTC Private QAS Repayment	Active	10/14/2009	12/31/2999	10/14/2009
L91	Certified Public Expenditure Payment	Active	10/14/2009	12/31/2999	10/14/2009
L92	Certified Public Expenditure Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L93	Certified Public Expenditure Revised Interim Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L94	Certified Public Expenditure Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L95	Certified Public Expenditure Revised Annual Reconciliation	Active	10/14/2009	12/31/2999	10/14/2009
L96	Certified Public Expenditure Repayment	Active	05/10/2010	12/31/2999	05/10/2010
M10	MH & SA Shared Risk - DCH-PIHP	Active	01/01/1990	12/31/2999	12/18/2008
M15	MH & SA State Plan & B3, HSW Misc	Active	01/01/1990	12/31/2999	12/18/2008
M20	MH & SA Cost Settlement	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
M21	GS Contract Cost Settlement - Base Operations	Active	01/01/1990	12/31/2999	12/18/2008
M22	GS Contract Cost Settlement - State Facilities	Active	01/01/1990	12/31/2999	12/18/2008
M25	MH & SA - Audit	Active	01/01/1990	12/31/2999	12/18/2008
M26	GS Contract Audit - Base Operations	Active	01/01/1990	12/31/2999	12/18/2008
M27	GS Contract Audit - State Facilities	Active	01/01/1990	12/31/2999	12/18/2008
M30	MH & SA ABW-Sec. 442- GF Contract	Active	01/01/1990	12/31/2999	12/18/2008
M35	MH & SA GF State Facility	Active	01/01/1990	12/31/2999	12/18/2008
M40	MH & SA GF Base Operations	Active	01/01/1990	12/31/2999	12/18/2008
M45	MH & SA GF Holding	Active	01/01/1990	12/31/2999	12/18/2008
M50	MH & SA ABW & MICHild Cap Adj	Active	01/01/1990	12/31/2999	12/18/2008
M60	Advance - excludes State Facility (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
M65	Advance - State Facility (note, auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008
M70	Children's Waiver Miscellaneous	Active	09/03/2010	12/31/2999	09/03/2010
M80	Children's Waiver Adjustor Payment	Active	09/03/2010	12/31/2999	09/03/2010

GARP Code	Description	Status	Start Date	End Date	Effective Date
N10	MIChoice Waiver Medicaid Interim Payment	Active	10/01/2009	12/31/2999	05/04/2009
N20	MIChoice Settlement - Initial	Active	01/01/1990	12/31/2999	12/18/2008
N30	MIChoice Settlement - Initial Revised	Active	01/01/1990	12/31/2999	12/18/2008
N40	MIChoice Settlement - Final	Active	01/01/1990	12/31/2999	12/18/2008
N50	MIChoice Settlement - Final Revised	Active	01/01/1990	12/31/2999	12/18/2008
N60	MIChoice - MISC	Active	01/01/1990	12/31/2999	12/18/2008
O10	Claims Processing Error	Active	01/01/1990	12/31/2999	12/18/2008
O20	Dual Coverage issue	Active	01/01/1990	12/31/2999	12/18/2008
O30	Duplicate payment/take back	Active	01/01/1990	12/31/2999	12/18/2008
O40	Eligibility Change/Purge	Active	01/01/1990	12/31/2999	12/18/2008
O50	Multiple Claim Lines/Adjust	Active	01/01/1990	12/31/2999	12/18/2008
O60	Old date of service (incl. edit 503)	Active	01/01/1990	12/31/2999	12/18/2008
O70	Special Request	Active	01/01/1990	12/31/2999	12/18/2008
O80	Advance (note auto creates account receivable)	Active	01/01/1990	12/31/2999	12/18/2008



GARP Code	Description	Status	Start Date	End Date	Effective Date
P10	Erroneous Billings/Mispayments	Active	01/01/1990	12/31/2999	12/18/2008
P20	Lapsed License	Active	01/01/1990	12/31/2999	12/18/2008
P30	Audit	Active	01/01/1990	12/31/2999	12/18/2008
P40	Corrective Action	Active	01/01/1990	12/31/2999	12/18/2008
S10	Fraud	Active	01/01/1990	12/31/2999	12/18/2008
S20	QAA Tax Recovery Offset	Active	01/01/1990	12/31/2999	12/18/2008
S30	MMIS MQ-774 and Other A/Rs converted to CHAMPS	Active	01/01/1990	12/31/2999	12/18/2008
S40	A/R with Payment Plan	Active	09/22/2009	12/31/2999	09/22/2009
S50	ESCROW ACCOUNT (SEEKS)	Active	09/22/2009	12/31/2999	09/22/2009
S60	Duplicate Recovery	Active	12/03/2009	12/31/2999	12/03/2009
T10	TPL - Casualty	Active	01/01/1990	12/31/2999	12/18/2008
T20	TPL - Medicare	Active	01/01/1990	12/31/2999	12/18/2008
T30	TPL - Paternity	Active	01/01/1990	12/31/2999	12/18/2008
T40	TPL - Commercial/Health	Active	01/01/1990	12/31/2999	12/18/2008

GARP Code	Description	Status	Start Date	End Date	Effective Date
T50	TPL - TPL Contractor Initiated (Commercial/Health)	Active	01/01/1990	12/31/2999	12/18/2008
T60	TPL - Provider Requested (Commercial/Health)	Active	01/01/1990	12/31/2999	12/18/2008

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### Revision Log

Version Date	Effective Date	Revision Description
March 7, 2011 (Draft)	January 1, 2012	This document replaces <i>Companion Guide for the HIPAA 835 Health Care Claim Payment/Advice Addenda Version 4010A1</i> dated September 18, 2009.